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Fishbone Migration in the Intrahepatic Bile Duct after Pancreaticoduodenectomy

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CASE REPORT

A 71-year-old-man was admitted to our hospital with a fever over 39°C. He had undergone pancreaticoduodenectomy for cholangiocarcinoma and suffered from recurrent cholangitis for a year after the surgery. Although laboratory data showed an elevated white blood cell count (13,100/μL) and C-reactive protein (6.53 mg/dL), no marked elevation was noted in the hepatobiliary enzymes. However, abdominal magnetic resonance imaging revealed the dilatation of the intrahepatic bile ducts and a high-intensity area on T2- and diffusion-weighted imaging in segments 4/8. A liver abscess was suspected. Abdominal computed tomography showed a linear opacity with hyperattenuation in the intrahepatic bile duct and a stent in the pancreatic duct that had been inserted during pancreaticoduodenectomy (Figure 1). Subsequent double-balloon endoscopy revealed foreign bodies in the orifice of the right hepatic duct (Figure 2). Those foreign bodies were found to be fish bones (Figure 3). The fish bones were removed from the bile duct, and the patient's symptoms resolved. We used a modified Child's method for reconstruction. Although the migration of fish bones into the common bile duct as a cause of

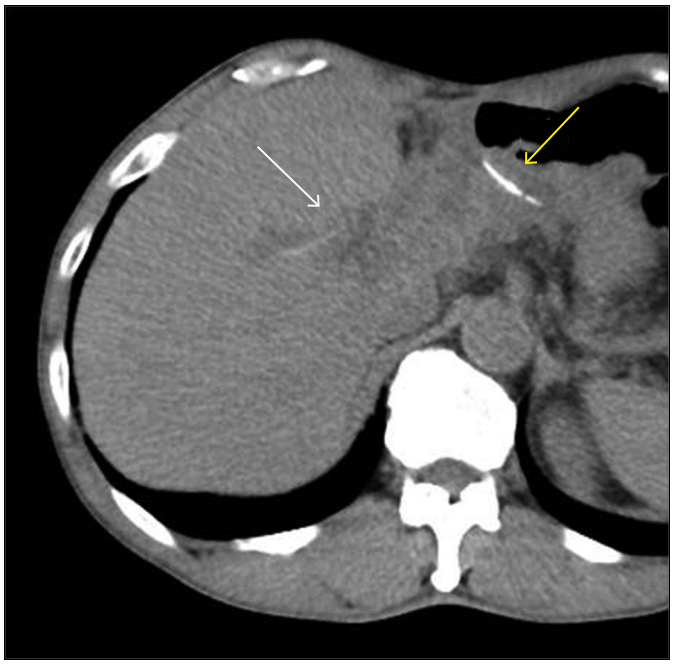

Figure 1. Abdominal computed tomography showing linear opacity with hyperattenuation in the intrahepatic bile duct (white arrow) and a stent in the pancreatic duct that had been inserted during the surgery (yellow arrow).

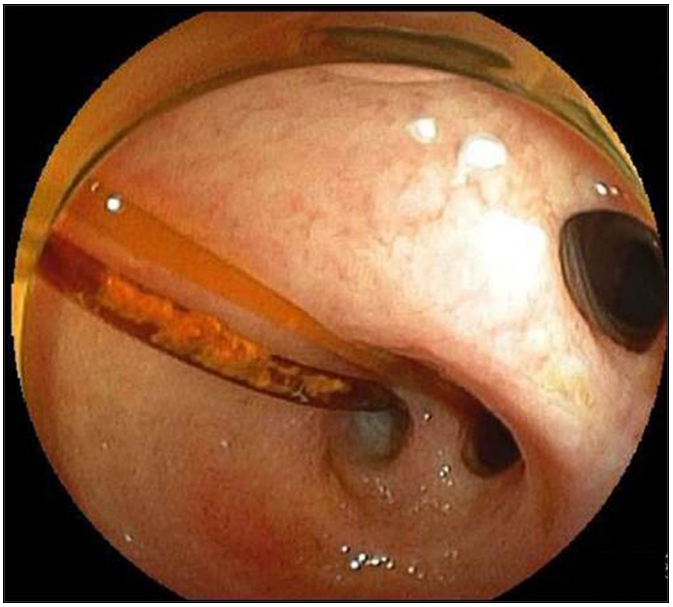

Figure 2. Double-balloon endoscopy revealing foreign bodies in the orifice of the right hepatic duct.

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Figure 3. Fish bones after removal.

biliary stones has been sporadically reported, the migration of a fish bone into the intrahepatic bile duct after pancreaticoduodenectomy has never been reported.[1,2] Physicians should recognize that fish bones can act as a foreign body and cause cholangitis after biliary-intestinal anastomosis, especially in areas with high fish consumption.

DISCLOSURES

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